

count of the rare possibility of an accurate bacteriological diagnosis being previously made. 5. Primary bacillary peritoneal tuberculosis is a much rarer disease than heretofore supposed. The diagnosis is therefore to be accepted only when a bacteriological foundation exists for its support.—*Deutsche Med. Wochenschrift*, 1889, No. 20.

VIII. Colorectostomy. By DR. E. ULLMAN. The miserable condition of patients suffering from inoperable carcinoma of the rectum, particularly those who, with the view of prolonging life, submit to the operation of colotomy, are set forth. The location of the disease high up, in itself constituting a contraindication to excision of the rectum, forms an indication, in the opinion of the author, for the establishing of an anastomosis between that portion of the bowel situated above the tumor and the portion lying immediately below the stricture (colorectostomy). By this means the portion of the bowel the site of the disease is removed from the track of the faecal discharges. This procedure does not present, according to the author, a greater danger than colotomy, and extirpation of the disease is not entirely abandoned. Upon opening the peritoneal cavity, it may be found that a radical operation is possible in a given case; on the other hand, this proposal may be held in reserve as an alternative procedure.—*Wiener Med. Presse.*, 1889, No. 24.

G. R. FOWLER (Brooklyn).

IX. Appendicitis. By C. MCBURNEY, M.D. (New York). One cannot with accuracy determine the extent and severity of the disease from the symptoms. Pain to a greater or less extent is present in all cases. General abdominal pain is often all that the patient will complain of during the first few hours of the attack, but later it becomes more and more evident that the chief seat of pain is in the iliac fossa. The epigastric region is frequently the point first complained of. In every case the seat of greatest pain, determined by the pressure of one finger, has been very exactly between an inch and a half and two inches from the anterior superior spinous process of the ilium in a straight line drawn from that process to the umbilicus. Fever to some extent

is present in all cases, differing greatly in degree. Rigidity in abdominal muscles, much more marked on the affected side, is constant and a sign of value. Abdominal distension by tympanites varies greatly, may be entirely absent in the worst form of sudden perforation. Tumors, of greater or less size, may usually be detected at a very early stage. The combination of symptoms present usually renders a correct diagnosis as to the seat of the disease easy, but in reference to the stage which the disease has reached—that is, whether pus has formed or not, whether the appendix is already perforated or not, even sometimes whether already general septic peritonitis exists or not—the diagnosis is often very doubtful. In the early stage no accurate diagnosis can be made as to whether the appendix is perforated or not, excepting in those cases in which comparatively mild symptoms suddenly become much aggravated, where perforation or the rupture of an abscess may be inferred. A further aid to diagnosis is needed, positive and rapid. The author sees no clearer road than exploratory laparotomy permitting direct inspection of parts. Acting upon this conviction, he has already done early exploratory incision in eleven cases, in all of which serious disease of the appendix was revealed justifying its excision. One death followed the operation, probably from intestinal obstruction by a band not discovered. In every case operation was done as soon as possible after it was seen, except in the fatal case, where a delay of twelve hours was indulged for various reasons.

As contraindications to early operation, the author presents very great abdominal distension, unusual obesity, and, most important of all, the absence of any of the necessary safeguards and aids, such as skilled assistants, good light and the requisite appliances for aseptic work—*New York Medical Journal*, 1889, December 21.

X. A Case of Cholecystenterostomy. By MR. A. W. MAYO ROUSON (Leeds). The patient, a married woman, had had abdominal section performed in April, 1887, for pelvic distress, on account of which she had been a confirmed invalid for several years. After the operation, in which a right pyosalpinx was removed, she had been able to resume her work, and had enjoyed excellent health. On January